01-17-0

PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box

Attorney Docket No. First Inventor SANJAY AGARWAL

NETWORK TRAFFIC BASED ADAPTIV

Title POWER MANAGEMENT SYSTEM ...

(Only for new nonprovision	al applications under 37 CFR 1.53(b),	Express Mail Label No.						
APPLICA	TION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application						
1. X Fee Transmittal For Submin on original and according to See 37 CFR 1.27. 3. X Specification (preferred arrangement - Descriptive title - Cross Reference - Statement Regarder - Reference to see or a computer p - Background of - Brief Summary	[Total Pages 13] of the Invention to the Related Applications arding Fed sponsored R & D quence listing, a table, rogram listing appendix the Invention of the Invention n of the Drawings (if filed) ption Disclosure	ts. Washington, DC 20231 7 CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a Computer Readable Form (CRF) b. Specification Sequence Listing on i. CD-ROM or CD-R (2 copies), or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of (when there is an assignee) 10. English Translation Document (if applicable) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 13. Copies of IDS Citations						
a. X Newly exect Copy from a for continua DELET Signed state named in to 1 63(d)(2) Application Data	uted (original or copy) prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed) ION OF INVENTOR(S) tement attached deleting inventor(s) the prior application, see 37 CFR and 1 33(b) Sheet. See 37 CFR 1.76 CATION, check appropriate box. and	Statement (IDS)/PTO-1449 13. Preliminary Amendment 14 X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Request and Certification under 35 U.S.C 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent 17. Other the requisite information below and in a preliminary amendment, of prior application No/						
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS								
Customer Number or Bar C	ode Label (Insert Customer No. or Atta	or X Correspondence address below						
Name	SANJAY AGARWAL CHIPSOL, Inc.							
Address City	4702 CHEENEY STREET SANTA CLARA State CA Zip Code 95054							
Country	USA CLARA	Telephone (408)727-5858 Fax (408)961-357						
Name (Print/Type) Signature	SANJAY AGARWAL	Registration No. (Attorney/Agent) Date 01/16/2001.						
	a is estimated to take 0.3 hours to complete	Time will vary depending upon the needs of the individual case. Any comments or						

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Patent fees are subject to annual revision

SANJAY AGARWAL

Name (Print/Type)

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Complete if Known					
Application Number			75		
Filing Date			98		
First Named Inventor	SANJAY	AGARWAL	jo		
Examiner Name					
Group Art Unit					
Attorney Docket No.			J		

Telephone

(408)727-5858

TOTAL AMOUNT OF PAYMENT

355 (\$)

METHOD OF PAYMENT		FEE CALCULATION (continued)				
1 The Commissioner is hereby authorized to charge	3. ADDI	TION	AL FE	ES		
Indicated fees and credit any overpayments to		rge	Sma			
Deposit Account		tity e Fee	Entit Fee	•	Fee Paid	
Number	Code (\$		e (\$)	Fee Description	, ce raid	
Deposit Account Name	105 130	205	65	Surcharge - late filing fee or oath		
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17		227	25	Surcharge - late provisional filing fee or cover sheet		
Applicant claims small entity status		139	130	Non-English specification		
See 37 CFR 1 27		0 147	2,520	For filing a request for ex parte reexamination		
2. Payment Enclosed: Check Credit card Money Order Other)* 112	920*	Requesting publication of SIR prior to Examiner action		
FEE CALCULATION		0* 113	1,840*	* Requesting publication of SIR after Examiner action		
1. BASIC FILING FEE		215	55	Extension for reply within first month		
Large Entity Small Entity		216	195	Extension for reply within second month		
Fee Fee Fee Fee Description	117 890	217	445	Extension for reply within third month		
Code (\$) Code (\$) Fee Falu 101 710 201 355 Utility filing fee 355	118 1,39	0 218	695	Extension for reply within fourth month	 	
106 320 206 160 Design filing fee	128 1,89	0 228	945	Extension for reply within fifth month		
107 490 207 245 Plant filing fee	119 310	219	155	Notice of Appeal		
108 710 208 355 Reissue filing fee	120 310	220	155	Filing a brief in support of an appeal		
114 150 214 75 Provisional filing fee	121 270	0 221	135	Request for oral hearing		
P	138 1,51	0 138	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (\$) 355		0 240	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES Fee from		10 241	620	Petition to revive - unintentional		
Extra Claims below Fee Paid	142 1,24	10 242	620	Utility issue fee (or reissue)		
Total Claims 13 -20** = 0 X =	143 44		220	Design issue fee	ļ	
Independent 2 - 3** = 0 X ==	144 60		300	Plant issue fee	\vdash	
Multiple Dependent	122 13	0 122	130	Petitions to the Commissioner		
Laura Entatus — III E. III	123 5	0 123	50	Processing fee under 37 CFR 1 17(q)		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 18	0 126	180	Submission of Information Disclosure Stmt	<u> </u>	
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 4	0 581	40	Recording each patent assignment per property (times number of properties)		
102 80 202 40 Independent claims in excess of 3	146 71	0 246	355	Filing a submission after final rejection (37 CFR § 1 129(a))		
104 270 204 135 Multiple dependent claim, if not paid	149 71	0 249	355	For each additional invention to be		
109 80 209 40 ** Reissue independent claims over original patent				examined (37 CFR § 1 129(b))		
110 18 210 9 ** Reissue claims in excess of 20	179 71	0 279	355	Request for Continued Examination (RCE)		
and over original patent	169 90	0 169	900	Request for expedited examination of a design application		
SUBTOTAL (2) $(\$)$ 0		(specify	()	or a design approacher		
**or number previously paid, if greater For Reissues, see above	*Reduced	d by Bas	ic Filing	g Fee Paid SUBTOTAL (3) (\$) C)	
CURNITIED DV						

Registration No (Attorney/Agent) 01/16/2001 Signature WARNING: Information on this form may become public. Credit card information should not

be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

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U. S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE _{\$} 355 BASIC FEE OR \$ (37 CFR 1.16(a) TOTAL CLAIMS 0 * minus 20 = OR 13 0 x \$ INDEPENDENT CLAIMS 2 0 minus 3 = * 0 OR (37 CFR 1.16(b)) 0 (37 CFR 1 16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR 355 TOTAL OR **TOTAL** * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-⋖ REMAINING **PRESENT** NUMBER RATE TIONAL TIONAL RATE AMENDMENT **AFTER** PREVIOUSLY **EXTRA** FEE **FEE** J. Henry J. AMENDMENT PAID FOR OR Total ** Minus = The the state of t (37 CFR | 16(c)) OR Independent *** = Minus = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL OR (Column 1) (Column 2) (Column 3) ADDIT, FEE ADDIT, FEE 120 **CLAIMS** HIGHEST ADDI-ADDI**m** REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL F F S Cons **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR ** Total 3/4 3/4 Minus = (37 CFR 1 16(e)) OR *** Independent Minus (37 CFR 1 16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL OR ADDIT, FEŁ ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR Total OR Minns = (37 CFR | 16(c)) OR Independent *** Minus = (37 CFR 1 16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) = OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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